Chariton County SWCD-Request For Cost Share (FY15)

Name:			
Address:			
City:	State:	Zip:	
Phone Number: Home		Cell/Work	
Practice(s) interested in:			
Farm No:	Tract No:	Field No:	
Photo Attached:	_ Yes	No	
Crop History Taken:	Yes	No	
TIN			
Vendor Form on file- if not	, given to Landowner t	to be completed	
Yes	·	_ No	
♦ All practices will be evaluate	ed and ranked according	to soil loss and needs.	
◆ Letters will be mailed notify	ing all landowners of site	e eligibility.	
◆ The Landowner is responsible for layout.	ole for notifying the office	e when crops are harvested and field is ready	
◆ Ground is NOT to be worke	d prior to practice layout	t.	
◆ A preconstruction conferen	ce must be held with the	e Landowner and Contractor on all practices.	
◆ Construction will NOT begin	until contract has been	approved by the board.	
•	•	onstruction. If needed, re-staking will be g additional layout requests.	
◆ The practice must be maint cost-share funding.	ained for the required lif	fe span. Failure to do so may result in repaymen	t of
Landowner/Operator :	Signature	Da	ate